

PLAINTIFF KANYON SAYERS-ROODS, POWER OF ATTORNEY FOR ANN-MARIE SAYERS	COURT CASE NUMBER 22 03092
DEFENDANT MARLENE RITA MACHADO	TYPE OF PROCESS Summons, Complaint, Exhibits
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARLENE RITA MACHADO ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Indian Canyon Road, Indian Canyon Ranch, Hollister, CA 95024	RECEIVED MAY 26 2022 U.S. DISTRICT COURT SAN JOSE, CALIFORNIA

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW KANYON SAYERS-ROODS, POWER OF ATTORNEY FOR ANN-MARIE SAYERS OF THE COSTANOAN INDIANS OF INDIAN CANYON, 1 INDIAN CANYON ROAD, INDIAN CANYON, HOLLISTER, CA 95024	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):
PLEASE CONTACT PLAINTIFF (SAYERS-ROODS - KSR@COSTANOAN.ORG), OR CHIEF COUNSEL OF TRIBAL BAND/TRIBAL LAND AFFAIRS (PETERSON - LEGAL@COSTANOAN.ORG) BY EMAIL OR PHONE. DEFENDANT IS KNOWN TO CARRY POSSESS A GUN AND MACHETE WHILE ON INDIAN COUNTRY. PLEASE CONTACT PLAINTIFF OR AUTHORIZED AGENT OF PLAINTIFF BEFORE ENTERING INDIAN CANYON LIMITS.

Signature of Attorney other Originator requesting service on behalf of: <u>s/ Kanyon Sayers-Roods</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 831-531-0055EXT23	DATE 5/25/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
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Costs shown on attached USMS Cost Sheet >>

REMARKS